



MENTAL HEALTH & THERAPY IN THE BLACK COMMUNITY

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“Other people are going through much worse you know?”

“Have you been praying/reading your Bible?”

“You just need some fresh air to take your mind off things”

Mental illnesses like depression and anxiety are often met with these kinds of minimising statements due to a widespread lack of understanding but the ignorance surrounding mental health is not surprising when you consider how uncomfortable the topic seems to make people.

Admitting to a flare-up of chronic back pain or asthma with your work colleagues would not stop the conversation in its tracks... But responding to "how was your weekend?" with "*my depression is affecting me so badly that it's hard to get out of bed most days*" would most certainly derail the light-hearted morning pleasantries.

Why is this?

Physical health is understood because people are generally not afraid to speak about it. Physical conditions are considered "normal" and there is a collective understanding that illness cannot be magicked away with a simple "you need to think more positively".

So why does mental health receive this treatment? Mental illnesses are, as the name states, an illness. And taking their increasing prevalence in our population into consideration, you could even describe them as "normal".

One in five young adults has a diagnosable mental disorder. How big is your friendship group? One of your friends, if not more could have a mental illness.

One in fifteen adults in England is estimated to have made a suicide attempt at some point in their life. Growing up, my school classes were made of thirty kids. That's a possible two students in every class.

Still, the phrase “mental illness” makes a lot of people uneasy and in the Black community it’s practically swept under the carpet. The stigmatisation that surrounds mental health in our community means that important conversations about our mental wellbeing are rarely had. As a community, we generally subscribe to the notion that ill mental health and seeking professional help in the form of therapy is not “for Black people”.

Plot twist. To a certain extent, I agree. The mental health service in this country does not cater to the needs of Black people, therefore the treatment we experience may not be beneficial. Mental health charity, MIND published a briefing for Clinical Commissioning Groups in 2013 and found that compared to all respondents, BME respondents reported long waits, lack of diversity among staff, disproportionate schizophrenia diagnoses among black men and a prevalence of Community Treatment Orders (CTOs).

Further research shows that Black and Minority Ethnic groups face significant barriers when accessing culturally appropriate services. Grey et al (2013) found that BME groups are less likely to be referred to mental health services through their General Practitioner (GP) and more likely to be arrested by the police following a crisis.

People from minority ethnic communities have been underrepresented in health research throughout history. The training provided to counselling professionals is based on a psychology that has historically focused on the white, male, hetero subject. If the research carried out in this field is lacking diversity at such extreme levels, then how can we expect to apply it to diverse populations?

Black people in the UK face a unique set of challenges that traditional counselling psychology does not acknowledge. Racism can have a serious impact on mental health. On an interpersonal level, the discrimination that Black people experience can range from every day casual slights known as micro-aggressions to more overt forms of aggression and racially offensive language.

Even the subtle covert forms of racism that we experience are a form of stressor. Dr Sue, author of *Microaggressions in Everyday Life*, explains that the more insidious micro-aggressions can have the most adverse effects on our mental health as they can be difficult to identify and it is, therefore, difficult to confront the “perpetrator”. There is growing evidence to show that over time, these interactions can result in depression, substance misuse and anger.

On a structural level, we are living in a society and navigating our way through organisations that are structured by policies and practices (accepted as standard) that result in the disadvantage of certain racial/ethnic groups.

Black people in the UK are more likely to experience poverty, higher rates of unemployment, lower pay compared to their white counterparts, early contact with the criminal justice system, poorer schooling opportunities and homelessness. These are all risk factors for the development of ill mental health. The effects of this can accumulate over a lifetime and the impact can be generational. Living in areas that are affected by poverty, over-policing and gang-related violence, for example, can cause chronic trauma that affects entire communities.

Mental health professionals in the UK need training that addresses the psychosocial problems that Black people face in order to provide effective treatment. Mental health services in this country do not cater to or understand the experiences of the Black community and we are therefore not able to receive the appropriate support when needed.

If Black people that are seeking support feel misunderstood and dismissed by the country's mental health services, they are likely to be disengaged with the service and continue to assume that therapy is "not for Black people".

This view is what causes people who are struggling with their mental health to delay seeking treatment, possibly resulting in the worsening of their condition.

A study carried out in 2008 looking at risk factors for suicide and self-harm found high rates of suicide among black African and black Caribbean men aged 13–24 living in England and Wales compared with white men of the same age. Self-harm was also significantly more common among black Africans (compared with all other ethnic groups).

More recently a study carried out in 2010 looking at the emergency rooms of three major UK cities found that black girls were more likely to self-harm than any other race. Given the stark realities of mental illness suffered by Black men and women, it is clear that more needs to be done to address the shortfall in mental health provisions for the Black community.

The risk of psychosis in Black Caribbean groups is estimated to be nearly seven times higher than in the White population and is rising yearly. Clearly our mental health services are not fit for purpose when it comes to the Black population.

So what would improvement look like?

First and foremost - more Black mental health professionals. Research conducted by MIND in 2013 showed that nearly two-thirds of ethnic minority students experiencing mental illness, experienced discriminatory encounters with healthcare professionals. If we cannot even escape racism in a therapeutic space then where is it safe for Black people suffering from mental illness? Being treated by a therapist that understands and relates to your lived experiences should be a standard practice in the field of mental healthcare.

More research of minority communities needs to be carried out so that theories and treatment compatible with the reality of Black people's experiences can be developed.

The stigmatisation of mental health occurs across all racial groups, however, efforts to combat this are primarily aimed at white audiences. The importance of mental health should be highlighted for every group and de-stigmatisation efforts should be aimed where the problem is most prevalent.

The denial of the mental illness by some in our community occurs because people fail to view and discuss it in the same manner that they would physical illness. Once it is understood that humans can go through stages of ill mental health, in the same way they would go through stages of being physically unwell, then we can reach a place of admission, acceptance and healing.

Until then, speaking openly about our mental health remains a difficult task.

Join us in our **Racial Wellness Workshops** providing tailored solution-led sessions for Black people's mental health within the UK.